

CITY OF GREENVILLE
APPLICATION FOR PRIVILEGE LICENSE
PO BOX 7207
GREENVILLE, NC 27835-7207

IS OWNERSHIP: (CHECK ONE):
CORPORATION: _____
INDIVIDUAL: _____
PARTNERSHIP: _____
Number of Employees: _____

Date of Application: _____
Date Business To Begin: _____
New Business: _____
Transfer of Ownership: _____
Home Occupation: _____
Location Change: _____
Previous Location: _____
Amount Paid : _____

Federal Identification Number:

BUSINESS NAME: _____
BILLING ADDRESS: _____
PHYSICAL ADDRESS: _____
PHONE NUMBER: _____
FAX NUMBER: _____
SOCIAL SECURITY #: _____

NAME OF PRESIDENT OR PARTNERSHIP: _____
ADDRESS: _____
PHONE: _____ **FAX NUMBER:** _____

GIVE COMPLETE DETAIL / NATURE OF BUSINESS:

PLEASE INDICATE WHICH APPLIES:

VENDING MACHINES _____	MECHANICAL RIDES _____	# PARKING SPACES _____
PINBALL _____	LOUNGE / CLUB _____	SQUARE FOOTAGE BLDG _____
VIDEO _____	MIXED BEVERAGES _____	# MOTEL ROOMS _____
LIVE ENTMT. _____	BEER / WINE _____	# SEATS/RESTAURANT _____

Additions to existing building or new signs: _____ If yes, a separate zoning compliance and building permit is required. Please contact Planning at 252-329-4236.

BY SIGNING THIS APPLICATION, IT IS UNDERSTOOD BY THE APPLICANT THAT THE ISSUANCE OF A PRIVILEGE LICENSE HERE UNDER DOES NOT CONSTITUTE ACCEPTANCE OR APPROVAL OF THE NAMED LOCATION AS HAVING COMPLIED WITH EXISTING BUILDING CODES OR FIRE PROTECTION CODES. A LICENSEE SHALL REMAIN FULLY LIABLE AND RESPONSIBLE FOR BRINGING THE PREMISES INTO CONFORMITY WITH ALL APPLICABLE CITY AND STATE CODES.

FIRM NAME: _____ **APPLICANT:** _____

Planning Department Approval: _____ **Date:** _____